

Please type a plus sign (+) inside the box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. <i>First Named Inventor or Application Identifier</i>	16436-709	Total Pages	76
Express Mail Label No. <i>Ronald S. Maynard</i>	EM033352858	US	

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|--|---|
| 1. <input type="checkbox"/> Fee Transmittal Form
<i>(Submit an original, and a duplicate for fee processing)</i> | ADDRESS TO:
Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231 |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>61</u>] (<i>preferred arrangement set forth below</i>) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings - Detailed Description - Claim(s) - Abstract of the Disclosure | |
| 3. <input checked="" type="checkbox"/> Drawing(s) (37 CFR 1.152) [Total Sheets <u>15</u>] | |
| 4. <input type="checkbox"/> Oath or Declaration [Total Pages <u> </u>] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (<i>for continuation/divisional with Box 17 completed</i>) <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | |
| 5. <input type="checkbox"/> Incorporation By Reference (<i>useable if Box 4b is checked</i>)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | |
| 6. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) | |
| 7. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identify of above copies | |
| 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) | |
| 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement [<input type="checkbox"/>] Power of Attorney (<i>when there is an assignee</i>) | |
| 10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) | |
| 11. <input type="checkbox"/> Information Disclosure Statement (IDS)PTO-1449 [<input type="checkbox"/>] Copies of IDS Statement (IDS)PTO-1449 (<i>Citations</i>) | |
| 12. <input type="checkbox"/> Preliminary Amendment | |
| 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i> | |
| 14. <input type="checkbox"/> Small Entity Statement(s) [<input type="checkbox"/>] Statement filed in prior application, Status still proper and desired | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>) | |
| 16. <input type="checkbox"/> Other:
.....
.....
..... | |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
 Continuation Divisional Continuation-in-part (CIP) of prior application No. /
16. CORRESPONDING ADDRESS

<input type="checkbox"/> Customer Number of Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>		<small>or <input checked="" type="checkbox"/> Correspondence address below</small>	
NAME	U.P. Peter Eng		
ADDRESS	WILSON SONSINI GOODRICH & ROSATI 650 Page Mill Road		
CITY	Palo Alto	STATE	California
COUNTRY	USA	TELEPHONE	(650) 493-9300
		ZIP CODE	94304-1050
		FAX	(650) 845-5000

SUBMITTED BY

Typed or

Printed Name

U.P. Peter Eng

Reg. Number 39,666

Signature

Date 5/15/98